

# COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET  
PU4969USw

First Names Inventor:  
Joelle L. BURGESS

Complete if known:  
App No.:

Filing Date

Group Art Unit:

(x) Declaration submitted with initial filing or

( ) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## CHEMICAL COMPOUNDS

the specification of which (check only one item below):

[ ] is attached hereto.

OR

[ x ] was filed on 15 October 2003 as United States application Serial No. \_\_\_\_\_ or PCT International

Application Number PCT/US03/32625 filed and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/418,915	10/16/2002	
2.		
3.		

# **COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

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## **PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION**

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith  
Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number **23347**

David J. Levy  
Corporate Intellectual Property  
GlaxoSmithKline  
Five Moore Drive, PO Box 13398  
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

John LEMANOWICZ  
919-483-8247

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		BURGESS	Joelle	L.
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		King of Prussia	PA	US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		CALLAHAN	John James	F.
0	INVENTOR'S SIGNATURE	Signature		Date:
		<i>James J. Callahan</i>		<i>13 - April - 2004</i>
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		King of Prussia	PA	US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		HAMAJIMA	Toshihiro	
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Ibaraki	JP	JP
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		IDA	Satoru	
0	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Keita	NE	JP
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

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2	FULL NAME OF INVENTOR	FAMILY NAME <b>MORI</b>	FIRST GIVEN NAME <b>Ichiro</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Aichi</b>	STATE OR FOREIGN COUNTRY <b>JP</b>	COUNTRY OF CITIZENSHIP <b>JP</b>
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>TANG</b>	FIRST GIVEN NAME <b>Jun</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Ibaraki</b>	STATE OR FOREIGN COUNTRY <b>JP</b>	COUNTRY OF CITIZENSHIP <b>CN</b>
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BURGESS	Joelle	L.
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0		King of Prussia	PA	US
1		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	CALLAHAN	John	F.
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0		King of Prussia	PA	US
2		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	HAMAJIMA	Toshihiro	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0		Ibaraki	JP	JP
3		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	IDA	Satoru	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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		<b>MORI</b>	<b>Ichiro</b>	
0	INVENTOR'S SIGNATURE	Signature X <i>Ichiro Mori</i>		Date: X <i>April 18, 2004</i>
	RESIDENCE & CITIZENSHIP	CITY <b>Aichi</b>	STATE OR FOREIGN COUNTRY <b>JP</b>	COUNTRY OF CITIZENSHIP <b>JP</b>
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		<b>TANG</b>	<b>Jun</b>	
0	INVENTOR'S SIGNATURE	Signature X <i>Jun Tang</i>		Date: X <i>April 19, 2004</i>
	RESIDENCE & CITIZENSHIP	CITY <b>Ibaraki</b>	STATE OR FOREIGN COUNTRY <b>JP</b>	COUNTRY OF CITIZENSHIP <b>CN</b>
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>BURGESS</b>	FIRST GIVEN NAME <b>Joelle</b>	SECOND GIVEN NAME/INITIAL <b>L.</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>King of Prussia</b>	STATE OR FOREIGN COUNTRY <b>PA</b>	COUNTRY OF CITIZENSHIP <b>US</b>
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>CALLAHAN</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME/INITIAL <b>F.</b>
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>King of Prussia</b>	STATE OR FOREIGN COUNTRY <b>PA</b>	COUNTRY OF CITIZENSHIP <b>US</b>
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>HAMAJIMA</b>	FIRST GIVEN NAME <b>Toshihiro</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date
0	RESIDENCE & CITIZENSHIP	CITY <b>Ibaraki</b>	STATE OR FOREIGN COUNTRY <b>JP</b>	COUNTRY OF CITIZENSHIP <b>JP</b>
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2	FULL NAME OF INVENTOR	FAMILY NAME <b>IDA</b>	FIRST GIVEN NAME <b>Satoru</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature <i>Satoru Ida</i>		Date: <i>December 8, 2003</i>
0	RESIDENCE & CITIZENSHIP	CITY <b>Keita</b>	STATE OR FOREIGN COUNTRY <b>NE</b>	COUNTRY OF CITIZENSHIP <b>JP</b>
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>



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	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Aichi</b>	STATE OR FOREIGN COUNTRY <b>JP</b>	COUNTRY OF CITIZENSHIP <b>JP</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  6	FULL NAME OF INVENTOR	FAMILY NAME <b>TANG</b>	FIRST GIVEN NAME <b>Jun</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
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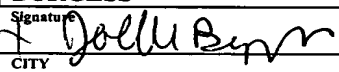
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John LEMANOWICZ  
919-483-8247

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2  0  1	FULL NAME OF INVENTOR	FAMILY NAME <b>BURGESS</b>	FIRST GIVEN NAME <b>Joelle</b>	SECOND GIVEN NAME/INITIAL <b>L.</b>
	INVENTOR'S SIGNATURE			Date: <b>4/14/04</b>
	RESIDENCE & CITIZENSHIP	CITY <b>King of Prussia</b>	STATE OR FOREIGN COUNTRY <b>PA</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  2	FULL NAME OF INVENTOR	FAMILY NAME <b>CALLAHAN</b>	FIRST GIVEN NAME <b>John</b>	SECOND GIVEN NAME/INITIAL <b>F.</b>
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>King of Prussia</b>	STATE OR FOREIGN COUNTRY <b>PA</b>	COUNTRY OF CITIZENSHIP <b>US</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  3	FULL NAME OF INVENTOR	FAMILY NAME <b>HAMAJIMA</b>	FIRST GIVEN NAME <b>Toshihiro</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date
	RESIDENCE & CITIZENSHIP	CITY <b>Ibaraki</b>	STATE OR FOREIGN COUNTRY <b>JP</b>	COUNTRY OF CITIZENSHIP <b>JP</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2  0  4	FULL NAME OF INVENTOR	FAMILY NAME <b>IDA</b>	FIRST GIVEN NAME <b>Satoru</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY <b>Keita</b>	STATE OR FOREIGN COUNTRY <b>NE</b>	COUNTRY OF CITIZENSHIP <b>JP</b>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4969USw
2	FULL NAME OF INVENTOR	FAMILY NAME <b>MORI</b>	FIRST GIVEN NAME <b>Ichiro</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Aichi</b>	STATE OR FOREIGN COUNTRY <b>JP</b>	COUNTRY OF CITIZENSHIP <b>JP</b>
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>
2	FULL NAME OF INVENTOR	FAMILY NAME <b>TANG</b>	FIRST GIVEN NAME <b>Jun</b>	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY <b>Ibaraki</b>	STATE OR FOREIGN COUNTRY <b>JP</b>	COUNTRY OF CITIZENSHIP <b>CN</b>
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS <b>GlaxoSmithKline Five Moore Drive, PO Box 13398</b>	CITY <b>Research Triangle Park</b>	STATE & ZIP CODE/COUNTRY <b>North Carolina 27709, US</b>